

EXHIBIT 30

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: EUGENIO ORTIZ Pagan
Participant's Address: Hc-02 Box 7482 Hormigueros, P.R. 00660
Participant's Email Address: Gano 4762 @ gmail.com
Name of Counsel: Policia de Puerto Rico
Address of Counsel: AV. Corazones Suite 1059 Mayaguez, P.R. 00680
Email Address of Counsel: Policia @ PR.gov

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: NO. 17 BK 3283-LTS

Nature of Claim: Violation of Acquired Rights

By: [Signature]
Signature

EUGENIO ORTIZ Pagan
Print Name

Title (if Participant is not an individual)

08/17/2021
Date

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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

From: Eugenio Ortiz Pagan
HC-02 Box 7482
Hormiguera, PR 00666

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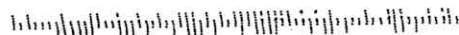


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Name of Counsel: Policia de Puerto Rico
Address of Counsel: Ave. Corazones Suite 1059 Mayaguez, P.R. 00680
Email Address of Counsel: Policia @. Pr. gov

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: No. 17 BK 3283-LTS
Nature of Claim: Wage Discrimination and Labor Marginalization

By: [Signature]
Signature
EUGENIO ORTIZ PAGAN
Print Name

Title (if Participant is not an individual)

08/17/2021
Date

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From: Eugenio Ortiz Pa
Hc-02 Box 7482
Hormigueros, P.R. 00666



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